



# MUNICIPAL AUTHORITY

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## TOWNSHIP OF SOUTH FAYETTE

900 Presto Sygan Road, Bridgeville PA 15017  
412-257-5100 (phone) 412-257-5125 (fax)

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Please return this completed form, along with a voided check from the account you want to use for making payments to: **Customer Service, Municipal Authority of the Township of South Fayette (MATSF), 900 Presto Sygan Road, Bridgeville PA 15017.** Or, you may bring it to our office in person at the same address.

I hereby authorize **MATSF** to initiate withdrawals from my account at the financial institution named in this application for payment of **MATSF** monthly sewage bills. I understand each debit shall be made ten (10) days from the bill date in an amount equal to my account balance. Furthermore, I authorize the financial institution to charge such withdrawals to my account. I understand that both the financial institution and **MATSF** reserves the right to terminate this payment plan and/or my participation therein. I understand this process can take up to two (2) billing cycles. I also understand that I will have to continue to pay the sewage bill until the bank account information is verified. I also understand that if I decide to discontinue this service or to change the bank account debited, I will need to notify the **MATSF** in writing at least 30 days in advance.

Customer Name (*as it appears on your bill*): \_\_\_\_\_

Account No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

FINANCIAL INSTITUTION INFORMATION: \_\_\_\_\_ New Request \_\_\_\_\_ Bank Change

Bank Name: \_\_\_\_\_ Bank Telephone No.: \_\_\_\_\_

Bank Home Branch Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking (*attach voided check*) \_\_\_\_\_ Savings (no passbook)

Bank Routing No.: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_